

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please type or print clearly. Press Hard.

57339

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001838**

GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR

999000867

② Name ALUMINUM CO OF AMERICA Name OPERATING UNIT
EPA NO. CAD074126651 EPA NO. CAD080012024
Address 5151 BULLMAN RD Phone No. 508-6141 Address 900 PETERO GRANDE
City, State, Zip KERNEN 90055 City, State, Zip MONTGOMERY PARK

Name RETURN
EPA NO.
Address
City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE					

⑥ WASTE CATEGORY H7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS FABRICATOR

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. <u> </u>			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. <u> </u>		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. <u> </u>			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. <u> </u>		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. <u> </u>			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. <u> </u>		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. <u> </u>			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <u>100</u> %		

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES, WATER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ K. Bump
Signature of Authorized Agent and Title

2-13-81
Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 2-13-81
TIME 11:50 ☒ AM ☐ PM

⑯ P. B. Lewis
Signature of Authorized Agent and Title

2-13-81
Date

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME Wentworth TSD Inc ⑱ QUANTITY (If Measured)
EPA NO. CAD080012024 ⑲ STATE FEE (If Any)
PHONE NO.

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME
EPA NO.

㉓
Signature of Authorized Agent and Title

2-13-81
Date Accepted

ORIGINAL